

**Application Data Sheet**

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: FERTILITY IMPAIRING VACCINE  
CONTAINING AVIAN ZONA PELLUCIDA  
PROTEIN AND METHOD OF USE

Attorney Docket Number:: 235.00310101

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UK  
Status:: Full Capacity  
Given Name:: Richard  
Middle Name::  
Family Name:: Fayrer-Hosken  
Name Suffix::  
City of Residence:: Winterville  
State or Province of Residence:: Georgia  
Country of Residence:: US  
Street of Mailing Address:: P.O. Box 27  
City of Mailing Address:: Winterville  
State or Province of Mailing Address:: Georgia  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 30683

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Branson  
Middle Name:: W  
Family Name:: Ritchie  
Name Suffix::  
City of Residence:: Athens  
State or Province of Residence:: Georgia  
Country of Residence:: US  
Street of Mailing Address:: 1080 Barnett Place  
City of Mailing Address:: Athens  
State or Province of Mailing Address:: Georgia  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 30605

### Correspondence Information

Correspondence Customer Number:: 26813

Name Line One:: Victoria A. Sandberg

Street of Mailing Address:: P.O. Box 581415

City of Mailing Address:: Minneapolis

State or Province of Mailing Address:: Minnesota

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 55458-1415

Phone Number:: (612) 305-1220

Fax Number:: (612) 305-1228

E-Mail Address::

### Representative Information

|                                     |       |  |
|-------------------------------------|-------|--|
| Representative Customer<br>Number:: | 26813 |  |
|-------------------------------------|-------|--|

OR

| Representative<br>Designation:: | Registration<br>Number:: | Representative Name:: |
|---------------------------------|--------------------------|-----------------------|
|                                 |                          |                       |
|                                 |                          |                       |

**Domestic Priority Information**

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | National Stage of  | PCT/US00/18051       | 06/30/00             |
| PCT/US00/18051   | Non-Provisional of | 60/141,929           | 07/01/99             |
| PCT/US00/18051   | Non-Provisional of | 60/162,984           | 11/02/99             |

**Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

**Assignee Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::